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26568

7590

06/03/2005

COOK, ALEX, MCFARRON, MANZO, CUMMINGS &
 MEHLER LTD
 SUITE 2850
 200 WEST ADAMS STREET
 CHICAGO, IL 60606

09/01/2005 WABDEL3 00000018 09704244

01 FC:1501

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Joel H. Bock, 29,045 (Depositor's name)

Joel H. Bock (Signature)

August 30, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/704,244	11/02/2000	Jerome M. Gauthier	SLOAN B-344	2637

TITLE OF INVENTION: SYSTEM FOR REMOTE OPERATION OF A PERSONAL HYGIENE OR SANITARY APPLIANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, NAM V	2635	340-825690

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cook, Alex, McFarron,

2 Manzo, Cummings &

3 Mehler, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sloan Valve Company

Franklin Park, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies One (1)

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1039 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joel H. Bock

Date

August 30, 2005

Typed or printed name

Joel H. Bock

Registration No.

29,045

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